

FILED MAR 14 1949

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 4657

BIRTH NO.		REG. DIST. NO. 132		PRIMARY REG. DIST. NO. 3021		Registrar's No. 215	
1. PLACE OF DEATH a. COUNTY <u>Grundy</u>				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>Missouri</u> b. COUNTY <u>Grundy</u>			
b. CITY (If outside corporate limits, write RURAL and give township) <u>Trenton</u>		c. LENGTH OF STAY (in this place) <u>1</u>		c. CITY (If outside corporate limits, write RURAL and give township) <u>Trenton</u>			
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>Wright Memorial Hospital</u>				d. STREET ADDRESS (If rural, give location) <u>9517 W 13 Street</u>			
3. NAME OF DECEASED (Type or Print) a. (First) <u>David</u>		b. (Middle) <u>Phillip</u>		c. (Last) <u>NORRIS</u>		4. DATE OF DEATH (Month) (Day) (Year) <u>Feb 27 1949</u>	
5. SEX <u>Male</u>		6. COLOR OR RACE <u>W</u>		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>never married</u>		8. DATE OF BIRTH <u>Apr 9 1943</u>	
9. AGE (In years last birthday) <u>5</u>		10. UNDER 1 YEAR Months <u>10</u> Days <u>19</u>		11. UNDER 18 Hrs. <u>19</u> Min.			
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)		10b. KIND OF BUSINESS OR INDUSTRY		11. BIRTHPLACE (State or foreign country) <u>Spickard Missouri</u>		12. CITIZEN OF WHAT COUNTRY? <u>USA</u>	
13a. FATHER'S NAME <u>George Norris</u>		13b. MOTHER'S MAIDEN NAME <u>India Fowler</u>		14. NAME OF HUSBAND OR WIFE			
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <u>no</u>		16. SOCIAL SECURITY NO. <u>—</u>		17. INFORMANT'S SIGNATURE OR NAME ADDRESS <u>George Norris Trenton, Mo</u>			
18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c) *This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.				MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Rupture Dangerous Appendix</u> ANTECEDENT CAUSES Morbidity conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>Generalized Peritonitis & Wound</u> DUE TO (c) <u>5541</u> II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.			
19a. DATE OF OPERATION <u>25 Feb 1949</u>		19b. MAJOR FINDINGS OF OPERATION <u>Rupture Dangerous appendix</u>		20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>			
21a. ACCIDENT SUICIDE HOMICIDE (Specify)		21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)		21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)			
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21f. HOW DID INJURY OCCUR?			
22. I hereby certify that I attended the deceased from <u>21 Feb</u> , 19 <u>49</u> , to <u>27 Feb</u> , 19 <u>49</u> , that I last saw the deceased alive on <u>27 Feb</u> , 19 <u>49</u> , and that death occurred at <u>1:23 A m.</u> , from the causes and on the date stated above.							
23a. SIGNATURE <u>Joseph M. Quinlan</u>		(Degree or title) <u>M.D.</u>		23b. ADDRESS <u>1101 1/2 Main St. Trenton Mo</u>		23c. DATE SIGNED <u>28 Feb 49</u>	
24a. BURIAL CREMATION REMOVAL (Specify) <u>Burial</u>		24b. DATE <u>1 March 1949</u>		24c. NAME OF CEMETERY OR CREMATORY <u>Salem Cemetery</u>		24d. LOCATION (City, town, or county) (State) <u>Meroux, Grundy, Mo</u>	
DATE REC'D BY LOCAL REG. <u>Feb 28, 1949</u>		REGISTRAR'S SIGNATURE <u>Irene Faw</u>		25. FUNERAL DIRECTOR'S SIGNATURE <u>Disinterred Home by Linda Blackmore</u>		ADDRESS	

(Licensed Embalmer's Statement on Reverse Side)

WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me, or by _____

working under my personal supervision.

Student Embalmer No. _____

Signed J. Gordon Blackmon

Signed.....
Student Embalmer

Licensed Embalmer No. 4602

P. O. Address Trenton, Missouri

Note: The above **MUST BE SIGNED BY THE LICENSED EMBALMER** in his **OWN HANDWRITING**. (Failure to comply with the above constitutes grounds for revocation of license.)

If this body is not embalmed, fact should be so stated above.